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SIR:

Transmitted herewith in the application of:

APPLICANT: Catherine E. Korfanty Sheets) ART UNIT:

SERIAL NO. 09/925 877 EXAMINER:

SEARCHED NO. 69,925,677 } EXAMINER.

FILED: 08/09/2001

Enclosed are:

1. Notice to file corrected application papers
2. Drawing Sheets with appropriate margins

Respectfully submitted,

Lawrence L. Calmes

Lawrence L. Carnes
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CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Comm. of Patents & Trademarks, Washington DC 20231 on or before November 13, 2001.

November 15, 2001.
Lawrence L Carnes
Lawrence L. Carnes



UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/925,877	08/09/2001	Catherine Elizabeth Korfanty Sheets	4676

CONFIRMATION NO. 6178

FORMALITIES LETTER



0C00000006556615

Carnes, Cona & Dixon
 Innovation Park
 1673 West Paul Dirac Drive
 Tallahassee, FL 32310-3763

Date Mailed: 09/14/2001

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center
 Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

#3

UNITED STATES PATENT AND TRADEMARK OFFICE
DOCUMENT CLASSIFICATION BARCODE SHEET



Drawings

He was a man of great energy and a strong leader, and his influence was felt throughout the community.

7

Level - 2
Version 1.1
Updated - 8/01/01

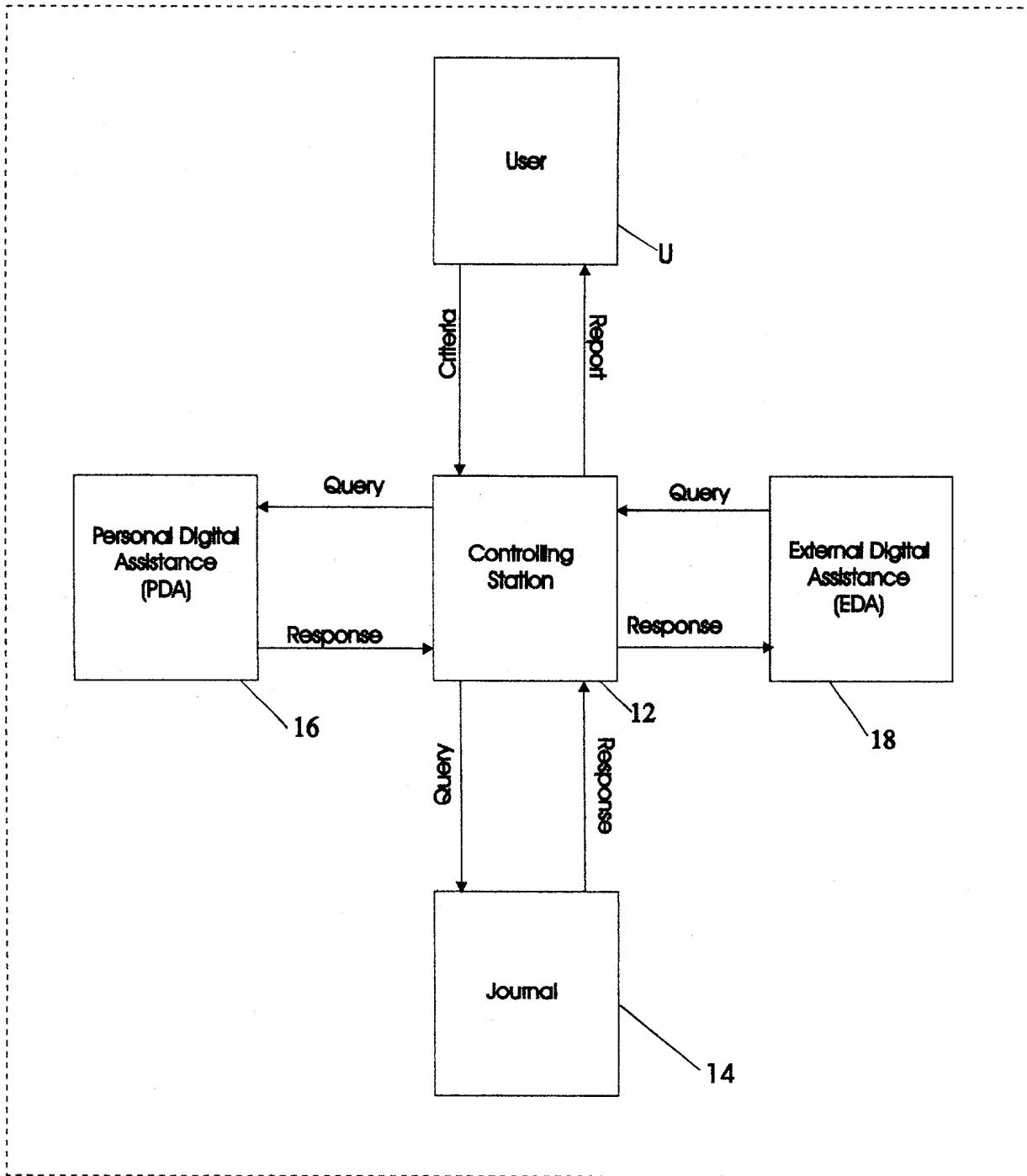


Fig. 1

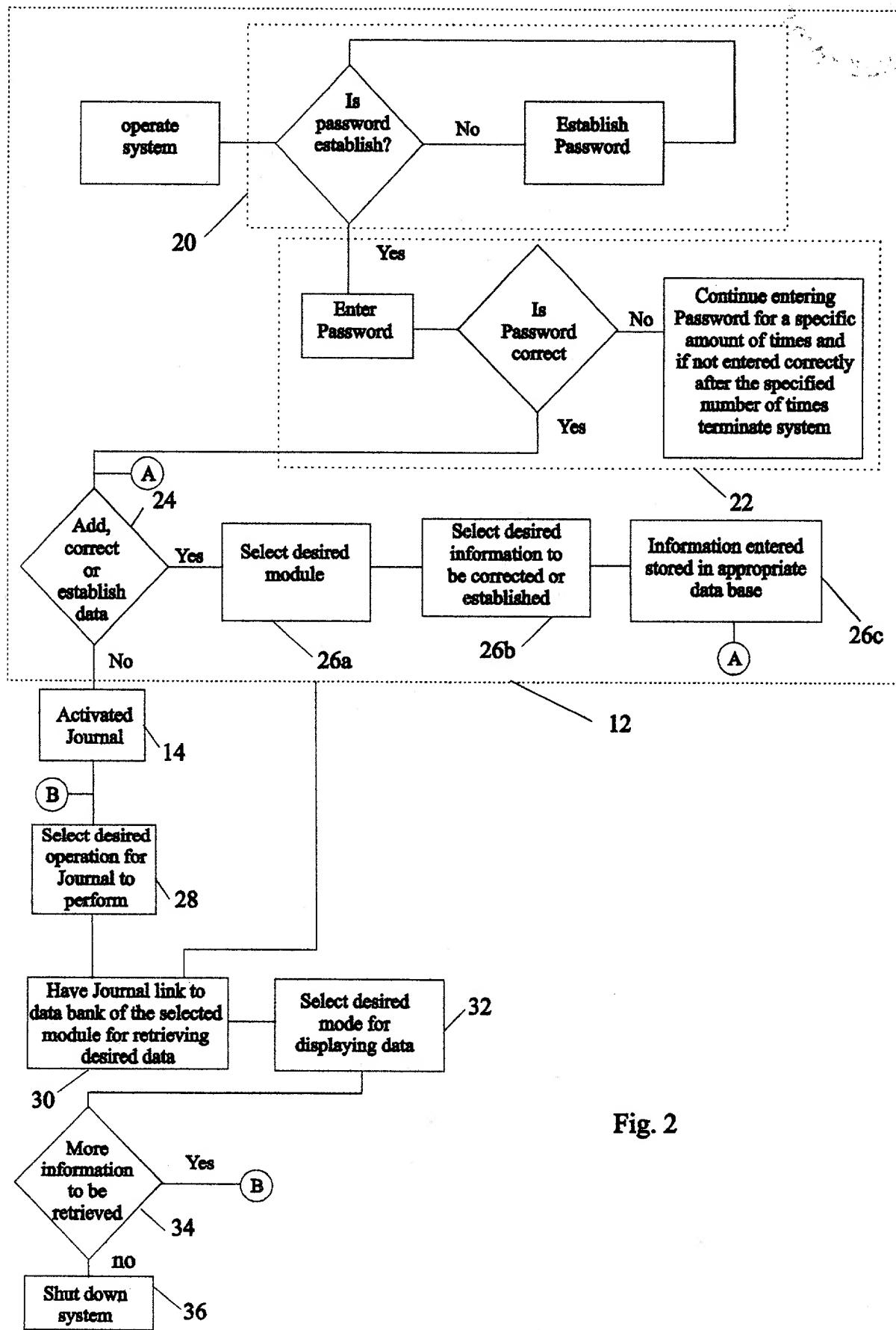


Fig. 2

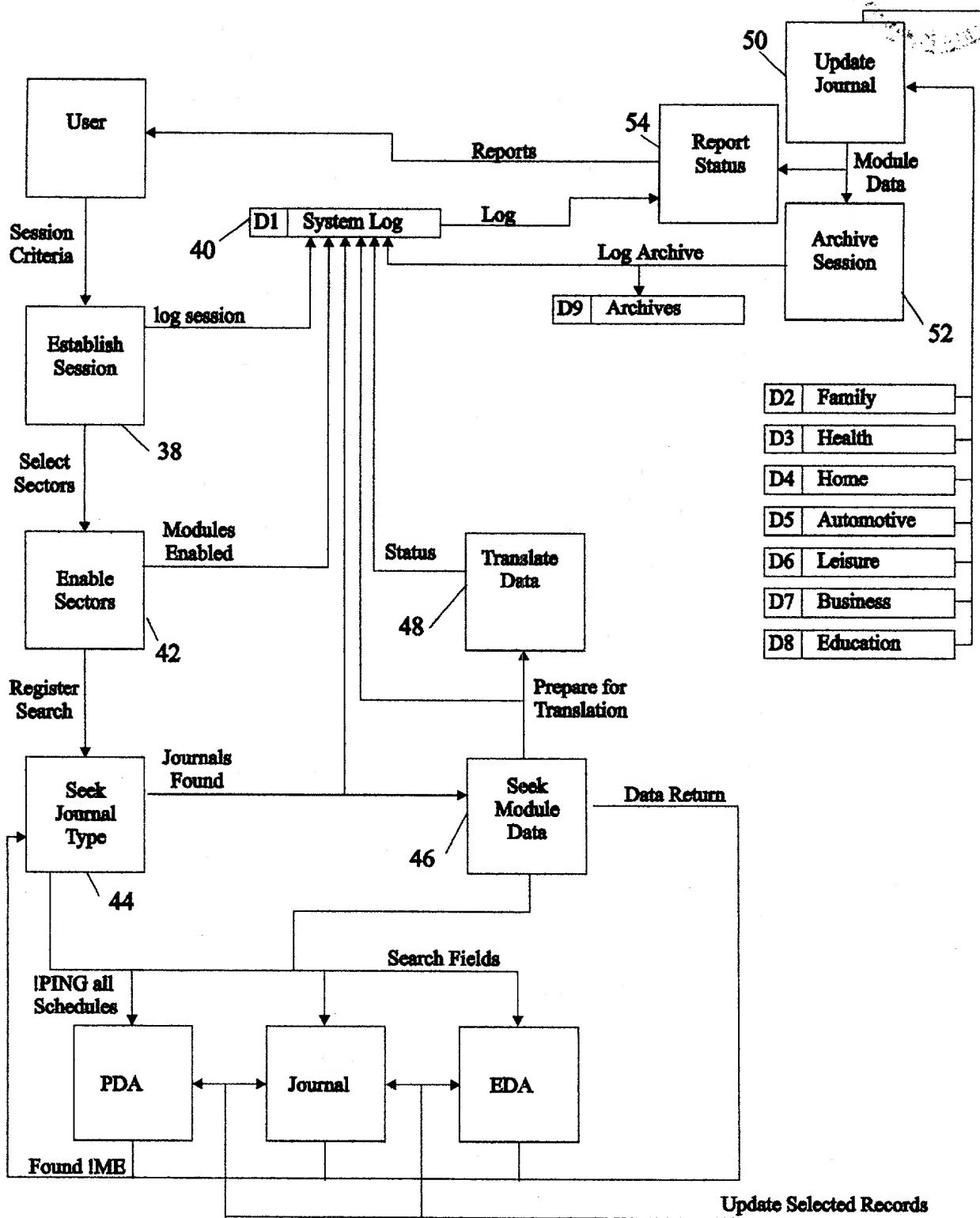


Figure3

Personal/Family/Friends

Name: _____	(Last)	(First)	(M.I)
Relationship: _____			
Address: _____			
(Street)			

(Apt./Bldg.)			
(City)	(State)	(Zip)	
Work/School Telephone Number: _____			
Address of Work/School: _____			

Home Telephone Number: _____			
Home Fax Number: _____			
Work/School Fax Number: _____			
Mobile Number: _____			
E-mail address at Work/School: _____			
E-mail address at Home: _____			
Contact Person at Work/School: _____			
Title of Contact Person at Work/School: _____			
Additional Contact Personnel:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Special Interest of individual: _____			
Date of Birth: _____			
Advance Reminder of Birthday:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remind on:	_____ days in advance		
	_____ weeks in advance		
	_____ months in advance		
To Do List for Special event/Birthday: _____			

Additional items for the to do list:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Fig. 4a

56a

Personal/Family/Friends

Friends/Associates/Businesses/Caterer to contact for event

Name: _____

(Last)

(First)

(M.I)

Relationship/Title _____

Address: _____
(Street)

(Apt./Bldg.)

(City) (State) (Zip)

Others Associated with Special Event: Yes No

Dates of Other Special events: _____

Advance Reminder of Special Event: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

To Do List for Special event: _____

Additional items for the to do list: Yes No

Friends/Associates/Businesses/Caterer to contact for event Yes No

Name: _____

(Last)

(First)

(M.I)

Relationship/Title _____

Address: _____
(Street)

(Apt./Bldg.)

(City) (State) (Zip)

Others Associated with Special Event: Yes No

Other Special Events: Yes No

Personal/Family/Friends

Reason for Appointment: _____

Date of Appointment: _____

Appointment with (Name): _____

Pertinent Address for Appointment

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

Additional Appointment: Yes No

Groups/ Associations _____

Contact Person at Group/Association: _____

Title of Contact Person at Group/Association: _____

Address: _____

Telephone Number of Contact Person: _____

Additional Contact Personnel: Yes No

Member of Group/Association: _____

Address: _____

Telephone Number of Member: _____

Additional Member: Yes No

To do: _____

Additional Items to be added to The To Do List:

Yes No

Health and Nutrition

Health Care Provider:		
Health Care Provider's Speciality:		
Address:		
Telephone Number:		
Fax Number:		
E-mail address		
Office Personnel:		
Title of Office Personnel:		
Telephone Number of Office Personal:		
Fax Number of Office Personal:		
Additional Office Personal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Billing Information:		
Additional Physician:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Height:	Weight:	
Blood Pressure:		
Cholesterol:		
Other		
Other Vital Statistics:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

56b

Fig. 5a

Health and Nutrition

Medication: _____

Reason for taking Medication: _____

Length of Time for Prescription: _____ days

_____ weeks

_____ months

Amount Taken: _____ pills per day.

Daily Intervals: _____ pills every _____ hours

Number of pills left after taking today's dose: _____

Advance Reminder for Refill of Medication: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

Additional Medication Yes No

Fig. 5b

56b

Health and Nutrition

Date of Appointment: _____

Purpose of Appointment: _____

Pertinent Address for Appointment: _____

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Purpose of Appointment: _____

Advance Reminder of Appointment: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) Yes No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit Yes No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment: Yes No

Fig. 5c

56b

Home and Yard Maintenance

Inspection/Appointments Needed For Home or Item or Equipment needing Maintenance (i.e. termite inspection, heating/cooling maintenance): _____

Date of Inspection/Appointment: _____

Address for Company Conducting Inspection/Appointment:

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) Yes No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit Yes No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment/Inspection or item or equipment needing maintenance: Yes No

Fig. 6

56c

Vehicle Planning

Inspection/Service Needed For Vehicle or Service provided for vehicle: _____

Date of Service/Appointment: _____

Mileage of Vehicle _____

Date Mileage was taken _____

Address for Company Performing Inspection/Appointment:

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment/Service: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) Yes No

Regular visits occur every: _____ days

_____ weeks

_____ months

Re-Scheduling Needed of Regular Visit Yes No

Re-Schedule appointment _____ days in advance.

_____ weeks

_____ months

Additional Appointment/Inspection or item or equipment needing maintenance: Yes No

56d

Fig. 7

Entertainment/Recreational/Vacation

Date(s) of Event/Vacation: _____

Place of Event/Vacation: _____

Pertinent Address for Event/Vacation: _____

Telephone for Event/Vacation: _____

Fax for Event/Vacation: _____

E-mail for Event/Vacation: _____

Purpose of Appointment: _____

Advance Reminder of Event/Vacation: Yes No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

To Do List for Vacation: _____

Additional items for the to do list: Yes No

Regular Event/Vacation/Retreat (annual, monthly, biweekly, weekly appointment)

Regular Event/Vacation/Retreat occur every:

_____ days

_____ weeks

_____ months

Re-Scheduling/Recipitate Yes No

Re-Schedule event _____ days in advance.

_____ weeks

_____ months

Remind of re-scheduling/recipatation on: _____ days in advance
_____ weeks in advance
_____ months in advance

Business/Professional

Name: _____	(Last) _____	(First) _____	(M.I) _____
Title: _____			
Address: _____ (Street) _____			
(Apt./Bldg.) _____			
(City) _____	(State) _____	(Zip) _____	
Work Telephone Number: _____			
Address of School: _____ _____			
Home Telephone Number: _____			
Home Fax Number: _____			
Work Fax Number: _____			
Mobile Number: _____			
E-mail address at Work: _____			
E-mail address at Home: _____			
Contact Person at Work: _____			
Title of Contact Person at Work: _____			
Additional Contact Personnel:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Meeting/Conference: _____			
Reason for meeting/Conference: _____			
Advance Reminder of Meeting/Conference:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remind on: _____ days in advance _____ weeks in advance _____ months in advance			
Regular meeting/conference(annual, monthly, biweekly, weekly appointment)			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Regular meeting/conference occur every: _____ days _____ weeks _____ months			
Re-Scheduling Needed of Regular Meeting/Conference		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Re-Schedule Meeting/Conference		_____ days in advance. _____ weeks _____ months	

Business/Professional

To Do List for Meeting/Conference: _____

Date of Report/Presentation: _____

Reason/Title for Report/Presentation: _____

Advance Reminder of Due date for Report/Presentation: Yes No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Report/Presentation(annual, monthly, biweekly, weekly appointment)

Yes No

Regular Report/Presentation occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Report/Presentation Yes No

Re-Schedule Report/Presentation _____ days in advance.
_____ weeks
_____ months

To Do List for Report/Presentation: _____

Additional Report/Presentation: Yes No

56h

Fig. 9b

Education/Sports/Extra-curricular Activities

Student _____	(Last) _____	(First) _____	(M.I) _____
Relationship _____			
Address: _____ (Street) _____			
(Apt./Bldg.) _____			
(City) _____	(State) _____	(Zip) _____	
School Telephone Number: _____			
Address of School: _____ _____			

Student's Telephone Number: _____			
Student's Fax Number: _____			
Student's Mobile Number: _____			
E-mail address Of Student: _____			
Fax Number of School: _____			
E-mail address at School: _____			
Student's Teacher Name: _____			
Subject teaching: _____			
Additional Teachers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recreational Activity: _____			
Daily Scheduling of Recreational Activity <input type="checkbox"/> Yes <input type="checkbox"/> No			
Scheduling occurs at _____ every _____			
Advance Reminder of Recreational Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remind on: _____ days in advance _____ weeks in advance _____ months in advance			
Additional Activities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of a meeting Pertinent to Student: _____			
Reason for meeting: _____			
Advance Reminder of Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remind on: _____ days in advance _____ weeks in advance _____ months in advance			
Additional Meetings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional Students:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

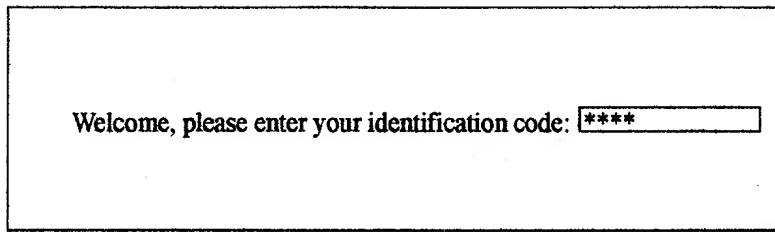


Fig. 11

60

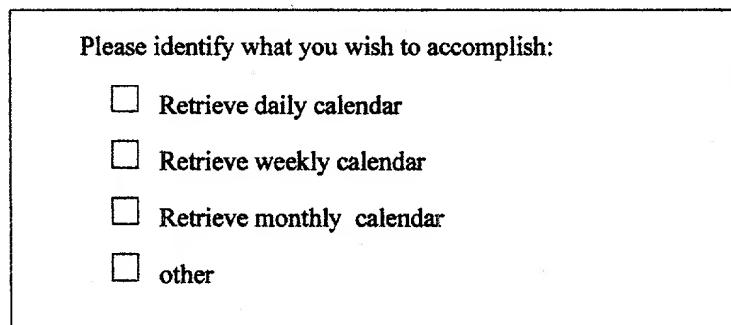


Fig. 12

62

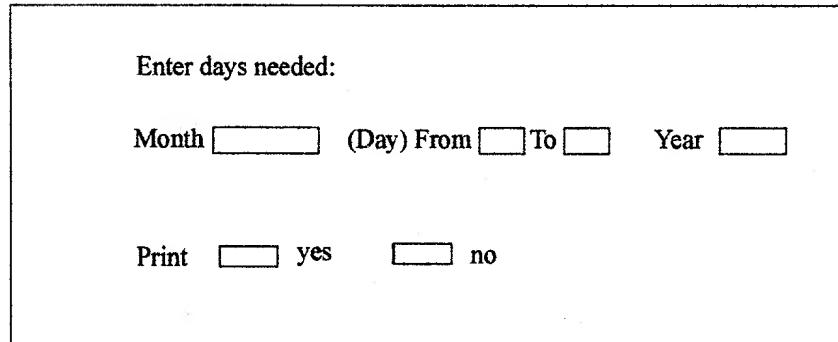


Fig. 13

64

Daily Events		Date: Weekday:
Hour	Appointment	
8 AM		
9 AM		
10 AM		
11 AM		
Noon		
1 PM		
2 PM		
3 PM		
4 PM		
5 PM		
6 PM		
7 PM		
8 PM		
Notes:		

Fig. 14

Activity to Perform:

- Add data
- Correct, change or delete data
- Retrieve address/phone numbers
- Retrieve Birth dates/Special Event
- Retrieve specific data on self/spouse/sibling/family/friends
- Appointment information
- Specific "To Do List"

Type in item needed

Fig. 15

66

Type in module name

Fig. 16

68

Date of Appointment:	Jan. 2, 2002
----------------------	--------------

Fig. 17

70

Person/Place of appointment:	Dr. John Smith
------------------------------	----------------

Fig. 18

72

Purpose of Appointment	Physical
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Fig. 19

74

Advance Reminder of Appointment:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
----------------------------------	---	-----------------------------

Fig. 20

76

Remind on:	<input type="checkbox"/> days in advance
	<input checked="" type="checkbox"/> 1 weeks in advance
	<input type="checkbox"/> months in advance

Fig. 21

78

Regular Visit (annual, monthly, biweekly, weekly appointment) Yes No

Fig. 22

80

Regular visits occur every: days
 weeks
 12 months

Fig. 23

82

Re-Scheduling Needed of Regular Visit Yes No

Fig. 24

84

Re-Schedule appointment days
 weeks in advance.
 3 months

Fig. 25

86

Additional Appointment: Yes No

Fig. 26

88

Go to main Menu Yes No

Fig. 27

90

Exit Time Management System: Yes No

Fig. 28

92